

Drug Abuse Warning Network (DAWN) Medical Examiner Case Form

1. Facility ID							2. Cross-reference (for facility use only)

INFORMATION ON DECEASED

3. Date of Death <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> MONTH DAY YEAR </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">20</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-left: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-left: 5px;"></div> </div>	4. Sex <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Male</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Female</div> <div>8 <input type="checkbox"/> Not documented</div>	5. Age <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Less than 1 year 8 <input type="checkbox"/> Not documented </div> </div>
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<p>6. ZIP Code of Decedent's Last Residence</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px 0;"></div> <p><i>Otherwise, mark [x] one:</i></p> <p>1 <input type="checkbox"/> No fixed address (e.g., homeless)</p> <p>2 <input type="checkbox"/> Institution (e.g., shelter/ jail/ hospital)</p> <p>8 <input type="checkbox"/> Not documented</p>	<p>7. Place of Death</p> <p><i>Mark [x] one:</i></p> <p>01 <input type="checkbox"/> Emergency department</p> <p>02 <input type="checkbox"/> Other health care facility</p> <p>03 <input type="checkbox"/> Decedent's home</p> <p>04 <input type="checkbox"/> Public place</p> <p>96 <input type="checkbox"/> Other</p> <p>98 <input type="checkbox"/> Not documented</p>	<p>8. ZIP Code for Place of Death</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px 0;"></div> <p>8 <input type="checkbox"/> Not documented</p>	<p>9. Race/Ethnicity</p> <p><i>Mark [x] one or more:</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Not documented</p>
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10. Factors Supporting DAWN Case Determination <i>Check all that apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Death certificate <input type="checkbox"/> Toxicology lab report <input type="checkbox"/> Autopsy <input type="checkbox"/> External physical signs <input type="checkbox"/> Inspection of scene of death <input type="checkbox"/> Statement of physician/family/friends <input type="checkbox"/> Other information 		11. Cause of Death <i>List the chain of events causing the death. Do not abbreviate. Do not use ICD codes.</i> (Part I) Immediate cause: <hr/> <hr/> As a result of <hr/> <hr/> As a result of <hr/> <hr/> As a result of <hr/> <hr/> (Part II) Other significant conditions: <hr/> <hr/>
12. Manner of Death <i>Mark [x] one:</i> <ul style="list-style-type: none"> 01 <input type="checkbox"/> Suicide 02 <input type="checkbox"/> Homicide by drugs 03 <input type="checkbox"/> Adverse reaction to medication 04 <input type="checkbox"/> Overmedication 05 <input type="checkbox"/> Accidental ingestion 06 <input type="checkbox"/> All other accidental 98 <input type="checkbox"/> Could not be determined 	13. Drug Involvement in Death <i>Mark [x] one:</i> <ul style="list-style-type: none"> 1 <input type="checkbox"/> Drug-induced: drug(s) directly caused the death 2 <input type="checkbox"/> Drug-related: drug(s) contributed to the death <i>If drug-related, mark one:</i> <ul style="list-style-type: none"> 1 <input type="checkbox"/> confirmed 2 <input type="checkbox"/> presumed 	

14. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the death. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.

SAMHSA USE ONLY									Substance (record verbatim)	Mark [x] if confirmed by toxicology test	Route of Administration Circle one:					
1	2	3	4	5	6	7	8	9			Oral	Injected	Inhaled	sniffed	Smoked	Other
1										<input type="checkbox"/>	1	2	3	4	5	8
2										<input type="checkbox"/>	1	2	3	4	5	8
3										<input type="checkbox"/>	1	2	3	4	5	8
4										<input type="checkbox"/>	1	2	3	4	5	8
5										<input type="checkbox"/>	1	2	3	4	5	8
6										<input type="checkbox"/>	1	2	3	4	5	8
7	C	2	0	0	0	2	9		Alcohol involved? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Not documented	<input type="checkbox"/>	1	2	3	4	5	8

Drug Abuse Warning Network (DAWN) Medical Examiner Case Form

Selected Reporting Guidelines and Instructions

I. Reporting Guidelines

The following abbreviated guidelines and instructions highlight certain reporting items. Please refer to the detailed instructions found in the Instruction Manual for Medical Examiners/Coroners for further information.

Complete a DAWN form for every decedent whose death was induced by or related to their ingestion or use of a drug. The relationship of drug use to the death can be confirmed or presumed. NOTE: Drug use includes appropriate or inappropriate use of legal or illegal drugs.

Rely on information documented in the chart/record.
Do not make any assumptions.

II. Abbreviated Instructions for Completing Selected Items

Item 7. Place of Death

Select the category that best describes the location where the death occurred. The response categories are:

1. **Emergency department.** This includes only deaths that occurred in an emergency department. If the death occurred in another hospital unit, use "Other health care facility."
2. **Other health care facility.** This includes hospital units other than emergency departments, nursing homes, hospice, or any other health care institution in which the decedent was receiving care.
3. **Decedent's home.** This includes only the decedent's home, apartment, or other dwelling.
4. **Public place.** This includes any facility or location to which the general public has access, such as a park, street, public building, etc.
5. **Other.** This includes all locations that do not fit into categories 1-4.
6. **Not documented.** Use this category if the location of the death is not documented.

Item 11. Cause of Death

List the chain of events causing the death. The immediate cause should be listed first; use up to 3 additional lines to record contributing causes. Always list the underlying cause of death on the lowest line used. If other significant conditions contributed to the death, list these in Part II. Information should be recorded so that it is (or will be) consistent with information that was (or will be) recorded on the death certificate.

Write legibly. Do not abbreviate. Use words rather than ICD codes.

Item 12. Manner of Death

Select the first category that describes the manner of death. The categories are:

1. **Suicide** – use this category if the death was ruled a suicide.
2. **Homicide by drugs** – use this category if the death was ruled a homicide, and the method of homicide was poisoning by drugs. Any other homicide is not reportable to DAWN.
3. **Adverse reaction to medication** – use this category if the death was ruled accidental, and the death resulted from an adverse reaction to a prescription or over-the-counter medication or dietary supplement.
4. **Overmedication** – use this category if the death was ruled accidental, and the death resulted from the use of more than the recommended dose of a prescription or over-the-counter medication or dietary supplement.
5. **Accidental ingestion** – use this category if the death was ruled accidental, and the death resulted from the decedent taking the drug(s) accidentally or unknowingly.
6. **All other accidental** – use this category if the death was ruled accidental but cannot be put in categories 3-5 above.
7. **Could not be determined** – use this category if the manner of death had not been determined at the time the case was closed.

Item 13. Drug Involvement in Death

Indicate whether the death was drug-induced (directly caused by the use of a drug) or drug-related (i.e., drug use was a contributing factor but not the direct cause).

For deaths that are drug-related, you must indicate whether the role of the drug in the death is **confirmed** or **presumed**. Mark **confirmed** if the death investigation yielded sufficient information to determine conclusively that drug use was involved in the death. Mark **presumed** if drug use is suspected to have contributed to the death, but conclusive information could not be obtained in the course of the death investigation.

Item 14. Route of Administration

*Using only the information available in the decedent's case file, indicate how the drug was used/ingested. **Do not make any assumptions about how the drug was administered.** The response categories are:*

1. **Oral** – Substance was swallowed.
2. **Injected** – Substance was administered via needle.
3. **Inhaled/sniffed/snorted** – Substance, regardless of form (gas, powder, etc.) was aspirated (taken into the respiratory system) through the nose or mouth.
4. **Smoked** – Substance was smoked (includes freebase).
5. **Other** – All other routes of administration.
6. **Not documented** – To be used whenever the route of administration is not documented in the decedent's case file.

DAWN is operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), of the U.S. Department of Health and Human Services, as required in Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). DAWN is used to monitor trends in the adverse health consequences associated with drug use. Section 501(n) of the Public Health Service Act prohibits SAMHSA from using or disclosing DAWN data for any purpose other than that for which they were collected.

Public reporting burden for DAWN medical examiners is estimated at 15 minutes per case. This includes time for reviewing case files and completing case report and transmittal forms. Send comments regarding burden to SAMHSA Reports Clearance Officer, Paperwork Reduction Project 0930-0078, 5600 Fishers Lane, Rm 16-105, Rockville MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078.